

(A) Year (Not earlier than 1986)	(B) Annual salary (Jan-Dec) Use W-2 Form	(C) Retirement Deduction	(D) Gross Pay After Retirement Deduction (B-C)	(E) See Step 5	(F) Amount already deferred in that year	(G) Remaining eligible amount for that year (E-F)
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					Total Eligible Deferral (Total Column G)	=====

CATCH-UP PERIOD DESIGNATION

The member may make catch-up deferrals in the three calendar years prior to retirement or the three calendar years prior to the year the member becomes eligible to retire. The designated catch-up period cannot be changed once the member begins catch-up deferrals. The member does not have to retire on the date indicated; however, the catch-up period based on that date cannot be changed.

The member may indicate the years for the catch-up period and the amount he or she wishes to defer for both catch-up and regular deferrals in the spaces provided below. **The catch-up deferral plus current year deferral cannot exceed the annual contribution maximum;** however, the member may choose to put less than this amount into the plan during the designated years.

Year in which you will make your catch-up deferral	Amount of catch-up deferral	+	Amount of current year deferral	=	Total deferral (Must not exceed the annual contribution maximum per year)
_____	_____		_____		_____
_____	_____	+	_____	=	_____
_____	_____		_____		_____

EMPLOYEE CERTIFICATION

- I am either eligible for normal retirement or will be eligible by the above projected retirement date.
- I understand that I may not catch-up in the actual year of retirement.
- I hereby elect to use my three years for catch-up based on the projected retirement date.
- I am providing the RSA-1 this correct information to ensure that I do not defer more than IRS regulations allow.
- I understand that my catch-up election worksheet must be approved **prior** to beginning catch-up.
- If an over-deferral occurs, I must correct this with the IRS and my employer.

Current Employer: _____

Employer Address: _____
Street or P. O. Box City State Zip Code

I certify that to the best of my knowledge, the information that I have provided on this form is accurate and complete.

Employee Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY RETIREMENT SYSTEMS PERSONNEL

APPROVED BY: _____

DATE: _____